PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

oplication	or Docket Number
59	or Docket Number
1	· 6- CCOLFETY

CLAIMS AS FILED - PART I (Column 1)					(Colun	nn 2)	SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS		56				RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			် minus 20=		• 6.6		X\$ 9=	5.74	OR	X\$18=	
IND	EPENDENT CL	AIMS	3 mir	3 minus 3 =		0	X40=	C	OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PR	ESENT				+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in					r "0" in co	olumn 2	TOTAL	999	OR	TOTAL	
CLAIMS AS AMENDED - PART II								- 41717\/	.	OTHER	
		(Column 1)		(Colur		(Column 3)	SMALL		OR I	SMALL	
MENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	AL DI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total		Minus	**		=	X\$ 9=		OR	X\$18=	:
AMEND	Independent	*	Minus	***	T CLAIM		X40=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=	
							TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT. FEE		•	AUUH. FEE	
_		(Column 1) CLAIMS		HIGH	HEST	Columno		ADDI-	1	·	ADDI-
NT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	••		=	X\$ 9=		OR	X\$18=	
AMEI	Independent	*	Minus	***	T CL AIRA	=	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JETIPLE DE	ENDEN	CLAIM		+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
1		(Column 1)			ımn 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_ -		
NTC		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		Ξ	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***	IT OL ALL	=	X40=		OR	X80=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	II CLAIM		+135=		OR	+270=	
	If the entry in colu	umn 1 is less than t	he entry in col	umn 2, wri	ite "0" in co	olumn 3.	TOTAL		ł	TOTAL	-
	If the "Highest Nu	umber Previously P umber Previously P mber Previously Pa	aid For" IN TH aid For" IN TH	IS SPACE	is less that is less that	an 20, enter "20." an 3, enter "3."	ADDIT. FEE	propriate bo	OR ox in co	ADDIT. FEE	

		APPLICATI Effe		ober 1, 20		TOTA TILOU					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS							RATE	FEE	7	RATE	FEE
FOR			NUMBE	R FILED	NUMBER EXTRA		BASIC FE	E 370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$ 9=		1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
IN	DEPENDENT (CLAIMS	minus 3 =		*			 	OR		
М	JLTIPLE DEPE					X42=	 	OR	X84=		
							+140=		OR	+280=	,
* If the difference in column 1 is less than zero, enter "0" in				"0" in	column 2	TOTAL		OR	TOTAL		
	(CLAIMS AS	AMENDE	D - PAR	TII				-	OTHER	
_	1	(Column 1)		(Colun		(Column 3)	SMALL		OR T	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	* 815	Minus	**	4	=	X\$ 9=		OR	X\$18=	
AME	Independent	* 2	Minus	***		=	X42=		OR	X84=	
	FIRST PRES	ENTATION OF M	ULTIPLE DI	PENDENT	CLAIM		140		1		
							+140=		OR	+280=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	·		. ,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X42=			X84=	
`	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM				OR		· ^
							+140=		OR	+280=	
							TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	خوسوان كراوي	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI · TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=			f		
٩	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		X42=		OR	X84=	
							+140=		OR	+280=	
**	fthe "Highest Nu	mn 1 is less than th mber Previously Pa	ild For" IN TH	IS SPACE IS	less than	n 20, enter "20."	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
***	f the "Highest Nu	mber Previously Painber Previously Pain	ald For" IN TH	IS SPACE IS	less that	n 3, enter "3."		ropriate box			
			,	•		-					

Application or Docket Number